

EXHIBIT B

Emiel Ali Kandi's Corporations

Diversified Financial, Inc

Diversified Financial, Inc was dissolved in April 2005, only 7 months after it was incorporated. It's authority to do business in this State was revoked by order of the secretary of State, Sam Reed, but it was used after that time by Emiel Kandi (he signs as "Agent") for many public records after that time, and still is as recently as June 2009. It was also a party in at least 2 public recordings before it was incorporated.

It is believed that Diversified Financial was created by Emiel Kandi as an off-shore corporation for the purpose of tax evasion.

Pierce County, WA Auditor Official Public Records

Instrument. No.	Date Filed	Document Type	Name	Assoc. Name	Legal Description
200411170708	11/17/2004	FEDERAL TAX LIEN	KANDI EMIEL A	IRS	\$335935.70 , PO BOX 64907 UP, 199458304
200509150094	09/15/2005	FEDERAL TAX LIEN	KANDI EMIEL A	IRS	\$74366.71 PO BOX 64907 UP WA 98466 #246491705
200601241319	01/24/2006	FEDERAL TAX LIEN	KANDI EMIEL A	IRS	\$379069.88 PO BOX 64907 U P 263266405
200608210164	08/21/2006	FEDERAL TAX LIEN	KANDI EMIEL A	IRS	\$158783.71 , 302260806, PO BOX 64907 UNIVERSITY PLACE

Diversified Financial, Inc. was created only 2 months before the first of 4 tax liens against Kandi were filed.

Diversified Financial reports a foreign street address of **8 Marine Parade, Belize**. For business conducted in the state of Washington, it reports a local street address of **6817 27th STREET WEST UNIVERSITY PLACE, WA 98464**. This is actually the physical address of the University Place, WA **U.S. POST OFFICE**. Kandi has used this address as his company address on official government documents including WA Department of Revenue's REAL ESTATE EXCISE TAX AFFIDAVIT which states the penalty for perjury right on the form.

Diversified Financial reports **F. Antone Accuardi** as the president with a Central America phone no. of **001-501-223-6566**. The company reports **David Schlieps** as the registered agent. Washington State requires that the registered agent have a valid physical address in order to receive legal notices.

DIVERSIFIED U.S. HOLDINGS OF WA, LLC

On 7/21/08 Diversified Financial Inc. formed DIVERSIFIED U.S. HOLDINGS OF WA, LLC as a DbA. The Physical Address that is listed with the Secretary of State is **115 EAST 34TH STREET TACOMA, WA 98404**. This address is actually the physical address of **Stanley & Seafort's Restaurant** in Tacoma. Stanley & Seafort's has no affiliations with Diversified, Emiel Kandi, or any of its other members.

DIVERSIFIED U.S. HOLDINGS OF WA, LLC lists as contact information:
F. Antone Accuardi
8 Marine Parade, Belize
Phone 001-501-223-6566

David Schlieps is listed as the registered agent for Diversified U.S. holdings of WA, LLC

VILLA MORTGAGE LLC

On 5/01/02 Emeil Kandi formed VILLA MORTGAGE LLC. The address that is listed with the Secretary of State is **6817 27th STREET WEST UNIVERSITY PLACE, WA 98464**. This is actually the physical address of the University Place, WA **U.S. POST OFFICE**.

Emiel Kandi is believed to be the sole owner of Villa Mortgage. Kandi has no Loan Originator license. His license no. 510-lo-34389 shows a status of inactive with the Washington State Department of Financial Institutions (DFI). According to a DFI staffer, without a active loan originator lic. Mr. Kandi should not be working on any loans even if the Mortgage company which he do loans for have a license. Villa Mortgage LLC has no active broker license.

Villa Mortgage have done loans under the Lic no# 510-MB-18954. This Lic # is for the company name **American Dream Mortgage Inc.** American Dream Mortgage Inc. is a Washington formed corporation. **Ron Markle** is the sole owner of American Dream Mortgage Inc. Mr. Markle has relocated the operations of his company to Philadelphia PA years ago. Mr. Kandi and Mr. Markle are co-defendants in an active law suit in Pierce County *Case # 09-2-04683-8 CLARISSA MARTIN VS. EMIEL ALI KANDI*. In the legal pleading Markle has stated that he or his company are not a member of Villa Mortgage and states that they are two separated entities. He affirms the Villa mortgage do loans in Washington under American Dream Mortgage but states that no money is received by him or his company for the loans that are done in Washington.

Analysis

All three companies seems to have many issues, which would lead one to conclude they are "shell" companies rather than "real" companies. Although some of Kandi's companies may appear to be in good legal standing on the surface, a deeper look would reveal otherwise. It appears that the formation of Kandi's companies have all been for the purpose of defrauding the citizens Washington, the government of Washington, and the Federal government as well.

David Schlieps

David Schlieps is a licensed Notary. He notarized numerous documents for Kandi which some of those documents he have notarized have been questioned as being forgeries.

David Schlieps is listed as the registered agent for all three companies. He reports a **D Street Marina, Tacoma** address to the Secretary of State but with various zip codes:

D Street Marina Tacoma, WA 98402
D Street Marina Tacoma, WA 98421
D Street Marina Tacoma, WA 98483 and
D Street Marina Tacoma, WA 98464

There is a "Dock Street" marina in Tacoma but no "D Street" marina.

F. Antone Accuardi

F. Antone Accuardi is a lawyer with dual citizenship (USA & Belize) who specializing in setting up people with off-shore company formations for the purpose of tax & asset protection. His possible addresses are:

936 davenport st sw
Portland,OR 97201

and
Asset Protection
13 Burns Ave.
San Ignacio, Cayo
Belize
-011 501 6009335

F. Antone Accuardi has also listed **8 Marine Parade, Belize** as his physical address.

8 Marine Parade, Belize

8 Marine Parade, Belize This address is listed as both the Principle street address of Diversified Financial and the address of its President Anthony Accuardi. However it does not appear to be a valid physical address (see map below).

A google search for "8 Marine Parade",Belize returns several of off-shore companies that use this address some even use the same **001-501-223-6566** phone no. Some are reported to be "tax havens" and web results contain several complaints of fraud against some of the companies having this address.

TaxHavenUSA.com
An Operation of The Squire Organization, LLC
8 Marine Parade
P.O. Box 1936
Belize City
BELIZE - CENTRAL AMERICA
SkypeIn (tel): +1 281 968 0764
FAX: +1 419 710 4339
consulting@TaxHavenUSA.com

Genucap Resources, LLC
8 Marine Parade
Belize City
Belize - Central America

US Office:
909 Silber Road #59
Houston, TX 77024
telephone: 281-968-0764
email: a@genucap.com

Success Through Advertising LLC
8 Marine Parade, Belize City, Belize BH1000

Kim E Inman, Dba YMMSS & STA
'Your Money Machine Success System'

Phone: 501-223 6566
8 Marine Parade
Belize City, Nationwide, 1000
Belize

Mithashu Exports India
Web: www.mithashu.bloombiz.com
Associate of
GYLLTON HOLDINGS ,LTD
A unit of - WORLD COMMODITIES GROUP DELAWARE,INC
8 MARINE PARADE,BELIZE CITY
CENTRAL AMERICA,U.S.A

Stephen L Thompson
8 Marine Parade
P. O. Box 1936
BELIZE CITY, Belize, C .A.
Telephone No. 501-223-6566
Fax No. 501-223-6578
E-mail: eco-craft@btl.net

"A" Approximate Location of 8 Marine Parade, Belize



STATE of WASHINGTON



SECRETARY of STATE

Corporation Name:

DIVERSIFIED FINANCIAL, INC. DBA DIVERSIFIED FINANCIAL HOLDIN
c/o DAVID SCHLIEPS
PO BOX 64907
TACOMA WA 98466

U.B.I. Number:
602 425 191

**CERTIFICATE OF
REVOCATION OF AUTHORITY
TO DO BUSINESS IN WASHINGTON**

In accordance with RCW 23B.15.310, the certificate of authority of the above corporation
is hereby revoked as of April 01, 2005.

This action was taken due to the failure of the corporation to file an initial list of
officers/directors within the time set forth by law.

A copy of this certificate is on file in this office:

Corporations Division
Office of the Secretary of State
PO Box 40234
Olympia, Washington 98504-0234
(360) 753-7115

Given under my hand and the seal of the State
of Washington at Olympia, the State Capital.

Sam Reed, Secretary of State



**STATE OF WASHINGTON
SECRETARY OF STATE**

- Please PRINT or TYPE in black ink
- Sign, date and return original AND ONE COPY to:

CORPORATIONS DIVISION
801 CAPITOL WAY SOUTH • PO BOX 40234
OLYMPIA, WA 98504-0234

- BE SURE TO INCLUDE FILING FEE. Checks should be made payable to "Secretary of State"

**CERTIFICATE OF AUTHORITY
FOREIGN PROFIT CORPORATION**

(Per Chapter 23B.15 RCW)

FEE: \$175

EXPEDITED (24-HOUR) SERVICE AVAILABLE - \$25 PER ENTITY
INCLUDE FEE AND WRITE "EXPEDITE" IN BOLD LETTERS
ON OUTSIDE OF ENVELOPE

FOR OFFICE USE ONLY

FILED: 08 / 30 / 2004

CORPORATION NUMBER: 24,148

253-5657701 Emiel

IMPORTANT! Person to contact about this filing

F. Antone Accuardi

Daytime Phone Number (with area code)

011-501-223-6566

NAME OF CORPORATION (As Recorded in the State/Country of Incorporation)

Diversified Financial, Inc.

ORIGINALLY INCORPORATED

IN: State/Country Belize ON: Date 04/01/02

NOTE: If the name listed above is unavailable in Washington state or does not meet the requirements of 23B.15 RCW, please provide the name the corporation adopts for use in Washington State. You must also attach a Board of Directors Resolution approving the use of an alternate name.

NAME THE CORPORATION ADOPTS FOR USE IN WASHINGTON STATE

Diversified Financial, Holdings, Inc.

APPROVED BY DIRECTORS

☒ Resolution Attached

PRINCIPAL OFFICE ADDRESS OF CORPORATION (Street Address Required - Please Do Not Use PO Box)

8 Marine Parade

Address

City Belize State or Country Belize ZIP or Postal Code NA

EFFECTIVE DATE OF CERTIFICATE OF AUTHORITY (Specified effective date may be up to 90 days AFTER receipt of the document by the Secretary of State)

☐ Specific Date: ☒ Upon filing by the Secretary of State

PERIOD OF DURATION

(Check one only)

☒ Perpetual

☐ Years (Indicate number of years)

DATE CORPORATION BEGAN DOING BUSINESS IN WASHINGTON STATE

Date

CERTIFICATE OF EXISTENCE

☒ Attached is an original Certificate of Existence, issued no more than 80 days prior to this application, duly authenticated by the Secretary of State or other official having custody of corporate records in the state or country of incorporation.

NAME AND ADDRESS OF WASHINGTON STATE REGISTERED AGENT

Name David Schlieps

Street Address (Required) D Street Marina City Tacoma State WA ZIP 98402

PO Box (Optional - Must be in same city as street address) PO Box 64907 ZIP (If different than street ZIP) 98464

I consent to serve as Registered Agent in the State of Washington for the above named corporation. I understand it will be my responsibility to accept Service of Process on behalf of the corporation; to forward mail to the corporation; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

Signature of Agent

David Schlieps

08/30/04

NAMES AND ADDRESSES OF ALL CURRENT OFFICERS AND DIRECTORS (If necessary, attach additional names and addresses)

Name F. Antone Accuardi

Address 8 Marine Parade City Belize State BZE ZIP

SIGNATURE OF OFFICER OR CHAIRPERSON

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

Signature of Officer/Chairperson

F. Antone Accuardi

08/30/04

CORPORATIONS INFORMATION AND ASSISTANCE - 360/753-7115 (TDD - 360/753-1485)

RESOLUTION OF THE BOARD OF DIRECTORS

OF

DIVERSIFIED FINANCIAL, INC.

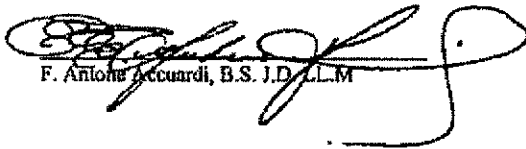
Incorporated under the Belize International Business Companies Act 1990

I, the undersigned, being the sole director of Diversified Financial Incorporated, a company incorporated under the International Companies Act of Belize 1990, have unanimously;

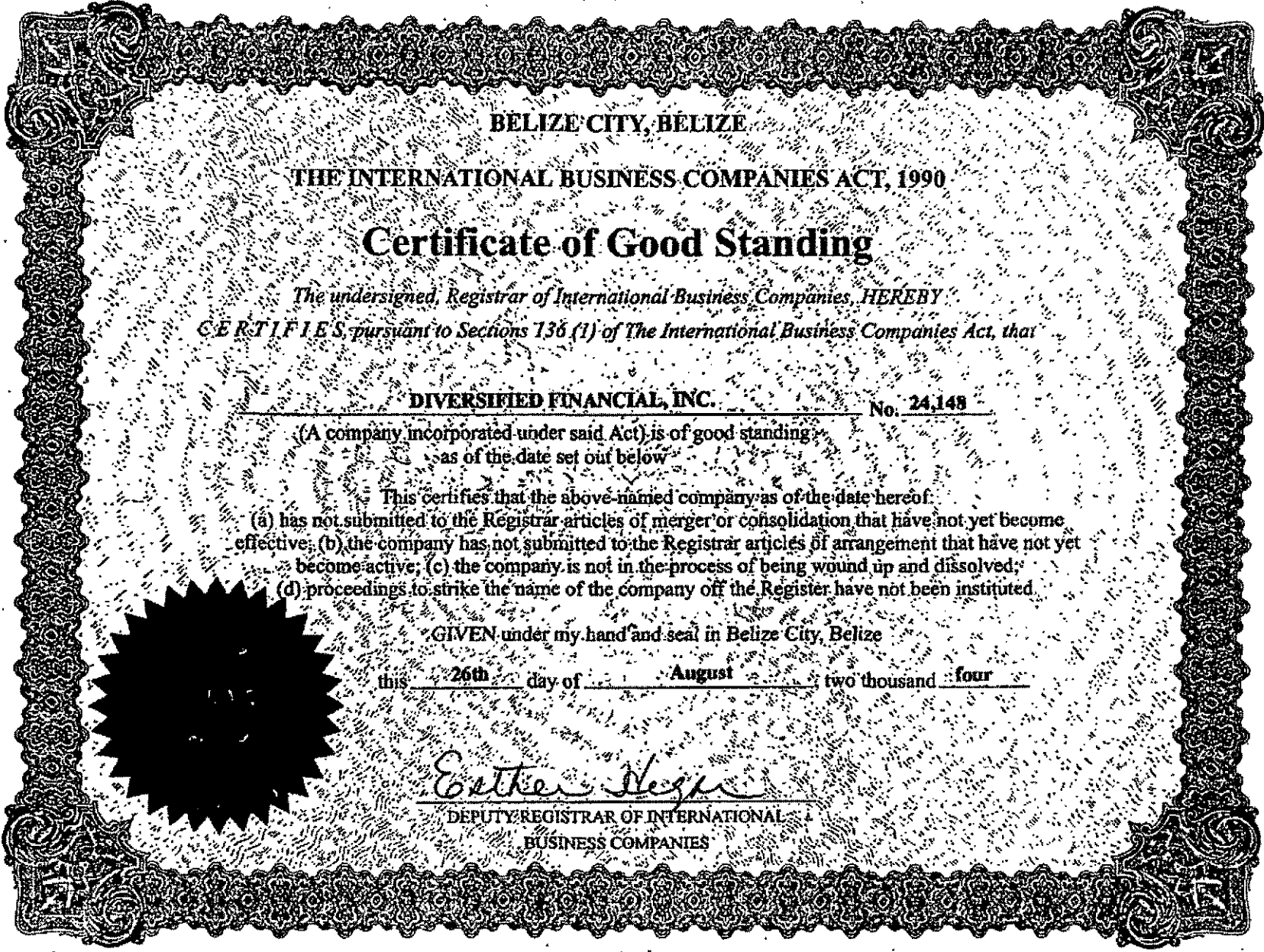
RESLOVED that in order to complete certain transactions within the State of Washington; Diversified Financial Inc. shall obtain a certificate of good standing from the Secretary of State of the state of Washington.

RESLOVED that Diversified Financial Inc. hereby adopts the name Diversified Financial Holdings, Inc. to be used within Washington State.

Dated this 30th Day of August, 2004


F. Antonio Accuardi, B.S. J.D. LL.M.

B-10



BELIZE CITY, BELIZE

THE INTERNATIONAL BUSINESS COMPANIES ACT, 1990

Certificate of Good Standing

The undersigned, Registrar of International Business Companies, HEREBY
CERTIFIES, pursuant to Sections 136 (1) of The International Business Companies Act, that

DIVERSIFIED FINANCIAL, INC.

No. **24,148**

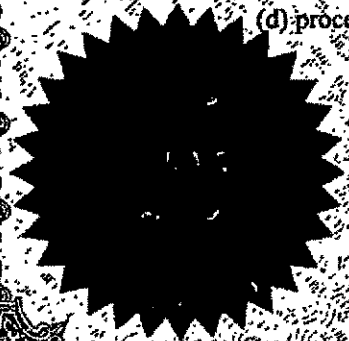
(A company incorporated under said Act) is of good standing
as of the date set out below

This certifies that the above-named company as of the date hereof:

- (a) has not submitted to the Registrar articles of merger or consolidation that have not yet become effective;
- (b) the company has not submitted to the Registrar articles of arrangement that have not yet become active;
- (c) the company is not in the process of being wound up and dissolved;
- (d) proceedings to strike the name of the company off the Register have not been instituted.

GIVEN under my hand and seal in Belize City, Belize

this 26th day of August, two thousand four



Esther Negron

DEPUTY REGISTRAR OF INTERNATIONAL
BUSINESS COMPANIES



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DIVERSIFIED FINANCIAL INC DBA DIVERSIFIED FIN**DIVERSIFIED FINANCIAL, INC. DBA DIVERSIFIED FINANCIAL HOLDINGS, INC.**

UBI Number	602425181
Category	REG
Profit/Nonprofit	Profit
Active/Inactive	Inactive
State of Incorporation	Foreign
Date of Incorporation	08/31/2004
Expiration Date	08/31/2005
Dissolution Date	04/01/2005

Registered Agent Information

Agent Name	DAVID SCHIEPS
Address	D STREET MARINA
City	TACOMA
State	WA
ZIP	98402

Special Address Information

Address	PO BOX 64907
City	TACOMA
State	WA
Zip	98464

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 PO Box 40234, Olympia WA 98504-0234
 (360) 725-0377


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Washington State Department of Revenue State Business Records Database Detail

TAX REGISTRATION NUMBER :	NON-REVENUE
UBI :	602425191
LEGAL ENTITY :	DIVERSIFIED FINANCIAL INC DBA DIVERSIFIED FIN
DOING BUSINESS AS :	
MAILING ADDRESS :	BUSINESS LOCATION :
D STREET MARINE TACOMA, WA 98402-0000	D STREET MARINE TACOMA, WA 98402-0000
OWNER TYPE :	CORPORATION
ACCOUNT OPENED :	08/31/2004
ACCOUNT CLOSED :	OPEN
NAICS CODE :	999990

08/07/2009 6:23 PM

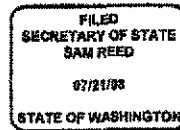
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As of 8/31/2005, the Standard Industrial Code (SIC) has been replaced with the North American Industry

State of Washington

Secretary of State

CORPORATIONS DIVISION
James M. Dolliver Building
801 Capitol Way South
PO Box 40234
Olympia WA 98504-0234
360.753.7115



602 849 544

Application for Limited Liability Company

Office Information

Application ID 1210251
Tracking ID 1541645
Validation ID 1331292-001
Date Submitted for 7/21/2008
Filing:

Contact Information

Contact Name F. ANTONE ACCUARDI
Contact Address 8 MARINE PARADE
BELIZE CITY
FO
00000

Contact Email TAXLAW@JUSTICE.COM
Contact Phone 501-223-6566

Certificate of Formation

Preferred Name DIVERSIFIED U.S. HOLDINGS OF WA, LLC
Physical Address 115 EAST 34TH STREET
TACOMA
WA
98404

Purpose Any Lawful Purpose

Duration Perpetual

Formation Date Effective Upon Filing by the Secretary of State

Expiration Date 7/31/2009

Limited Liability Members
Company
Management

Members Signature Attached

Separate Certificate of Formation I:\BUSINESS DOCUMENTS\VILLA MORTGAGE CORP PAPERS\DIVERSIFIED I
Uploaded FORMATION.pdf

Registered Agent Information

Agent is Individual

Agent Name DAVID SCHLIEPS

Agent Street Address D STREET MARINA
TACOMA
WA
98421

Agent Mailing Address PO BOX 65458
TACOMA
WA
98464

Agent Email Address

Submitter/Agent Relationship Submitter has signed consent of specified agent

Members Information

Signature of Members Attached in COF

Member #1

Member Name DIVERSIFIED FINANCIAL

Member Address 8 MARINA PARADE
BELIZE CITY
FINANCIAL

Signature Information

Signed By F. ANTONE ACCUARDI

**CERTIFICATE OF FORMATION
OF
Diversified U.S. Holdings of WA, LLC**

This Certificate of Formation of **Diversified U.S. Holdings of WA, LLC**, a Washington limited liability company, is being duly executed and filed by **Diversified Financial, Inc.** as an authorized person, to form a limited liability company under the Washington Limited Liability Act (RCW 25.15, et. seq.).

- FIRST. The name of the limited liability company formed hereby is **Diversified U.S. Holdings of WA, LLC**.
- SECOND. The address of the registered office of the LLC in the State of Washington is 115 East 34th Street, Tacoma, WA 98404.
- THIRD. The name and address of the registered agent for service of process is David Schlieps, whose address is D Street Marina, Tacoma, WA 98421.
- FOURTH. The address of the principal place of business of the LLC is PO Box 65458, University Place, WA 98464.
- FIFTH. The existence of the LLC shall be perpetual.
- SIXTH. The management of the LLC is vested in its manager(s).
- SEVENTH. The Certificate shall be effective upon filing with the Secretary of the State of Washington

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation as of the 23rd of May, 2008.

Authorized Person:



Address:

8 Marine Parade
Belize City, BZE

. . . .

CONSENT TO SERVE AS REGISTERED AGENT

David Schlieps does hereby consent to serve as Registered Agent in the State of Washington for the above named **Diversified U.S. Holdings of WA, LLC**, a Washington limited liability company. David Schlieps understands that as agent for the limited liability company it will be his/her responsibility to accept Service of Process on behalf of the limited liability company; to forward license renewals and other mail to the limited liability company; and to immediately notify the Secretary of State in the event of his/her resignation or of any changes in the Registered Office address.

Date: 23rd of May, 2008.

By: _____
David Schlieps

Address: D Street Marina
Tacoma, WA 98483



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DIVERSIFIED U.S. HOLDINGS OF WA LLC

DIVERSIFIED U.S. HOLDINGS OF WA, LLC

UBI Number 602849544
Category LLC
Profit/Nonprofit Profit
Active/Inactive Active
State of Incorporation WA
Date of Incorporation 07/21/2008
Expiration Date 07/31/2009
Dissolution Date

Registered Agent Information

Agent Name DAVID SCHLIEPS
Address D STREET MARINA
City TACOMA
State WA
ZIP 98421

Special Address Information

Address PO BOX 65458
City TACOMA
State WA
Zip 98464

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B-18

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Washington State Department of Revenue State Business Records Database Detail

TAX REGISTRATION NUMBER :	NON-REVENUE
UBI :	602849544
LEGAL ENTITY :	DIVERSIFIED US HOLDINGS OF WA LLC
DOING BUSINESS AS :	
MAILING ADDRESS :	BUSINESS LOCATION :
115 EAST 34TH STREET	115 EAST 34TH STREET
TACOMA, WA 98404-0000	TACOMA, WA 98404-0000
OWNER TYPE :	LIMITED LIABILITY
ACCOUNT OPENED :	07/21/2008
ACCOUNT CLOSED :	OPEN
NAICS CODE :	999990
	08/07/2009 6:44 PM

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As of 8/31/2005, the Standard Industrial Code (SIC) has been replaced with the North American Industry Classification System Code (NAICS). For more information, [click here](#)

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Access Washington

Voter registration assistance
(Secretary of State)

135-2631-0
2002



**STATE OF WASHINGTON
SECRETARY OF STATE**

**APPLICATION TO FORM A
LIMITED LIABILITY COMPANY**

FILED
SECRETARY OF STATE

FEE: \$175

- Please PRINT or TYPE in black ink
- Sign, date and return original AND ONE COPY to:

MAY 13 2002

EXPEDITED (24-HOUR) SERVICE AVAILABLE - \$20 PER ENTITY
INCLUDE FEE AND WRITE "EXPEDITE" IN BOLD LETTERS
ON OUTSIDE OF ENVELOPE

CORPORATIONS DIVISION
801 CAPITOL WAY SOUTH • PO BOX 40234
OLYMPIA, WA 98504-0234

STATE OF WASHINGTON

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FILED: 1 1

LIBI:

602204980

CORPORATION NUMBER:

- BE SURE TO INCLUDE FILING FEE. Checks should be made payable to "Secretary of State"

Important! Person to contact about this filing

Emiel Kandi

Daytime Phone Number (with area code)

253-405-6844

CERTIFICATE OF FORMATION

NAME OF LIMITED LIABILITY COMPANY (LLC) (Must contain the word "Limited Liability Company," "Limited Liability Co.," "LLC," or "LLC")	
Villa Mortgage LLC	
ADDRESS OF LLC'S PRINCIPAL PLACE OF BUSINESS	
Street Address (Required)	6817 87th Street West, City University Place, State WA, ZIP 98464
PO Box (Optional) - Must be in same city as street address	PO Box 64907, ZIP (if different than street ZIP) 98164
EFFECTIVE DATE OF LLC (Specified effective date may be up to 90 days AFTER receipt of the document by the Secretary of State)	
<input checked="" type="checkbox"/> Specific Date: 05/02 <input type="checkbox"/> Upon filing by the Secretary of State	
DATE OF DISSOLUTION (if applicable)	MANAGEMENT OF LLC IS VESTED IN ONE OR MORE MANAGERS
	<input type="checkbox"/> Yes <input type="checkbox"/> No

>>> PLEASE ATTACH ANY OTHER PROVISIONS THE LLC ELECTS TO INCLUDE <<<

NAME AND ADDRESS OF WASHINGTON STATE REGISTERED AGENT	
Name: COMFORT, DAVIS & SMITH	
Street Address (Required): 1901 65th Av. West, #200, City TACOMA, State WA, ZIP 98466	
PO Box (Optional) - Must be in same city as street address: ZIP (if different than street ZIP):	
I consent to serve as Registered Agent in the State of Washington for the above named LLC. I understand it will be my responsibility to accept Service of Process on behalf of the LLC; to forward mail to the LLC; and to immediately notify the Office of the Secretary of State if I resign or change my Registered Office Address.	
Signature of Agent	COMFORT, DAVIS & SMITH STEVEN W. DAVIS UP 5/13/02 Printed Name Date

NAMES ADDRESSES OF EACH PERSON EXECUTING THIS CERTIFICATE (If necessary, attach additional names and addresses)	
Printed Name: E.A. ACCUARDI	Signature: [Signature] LMT
Address: 8 Marine Parade	City: Berkeley, State CA, ZIP: 94704
Printed Name: _____	Signature: _____
Address: _____	City: _____ State: _____ ZIP: _____
Printed Name: _____	Signature: _____
Address: _____	City: _____ State: _____ ZIP: _____

INFORMATION AND ASSISTANCE - 360/753-7115 (TDD - 360/753-1486)

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Validation
901: 05/13/2002 - 124174
1210.00 on 05/13/2002
Cash

B-20



STATE of WASHINGTON



SECRETARY of STATE

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal,

hereby issue this

CERTIFICATE OF FORMATION

to

VILLA MORTGAGE LLC

A Washington Limited Liability Company. An application was
filed for record in this office on the date indicated below

UBI Number: 602 204 980

Date: May 13, 2002



Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

Sam Reed, Secretary of State

2008 206 0358



STATE OF WASHINGTON
DEPARTMENT OF LICENSING
MASTER LICENSE SERVICE
Renewal Agent for Secretary of State



Limited Liability Company License Renewal & Annual Report

Profit Corporation Name, Registered Agent, and Registered Office Address

***** Delinquency Notice *****

FOR VALIDATION ONLY

01P-400-925-0003

0824-W

VILLA MORTGAGE LLC
C/O DAVID SCHLIEPS
D ST MARINA
PO BOX 64987
TACOMA WA 98464

Unified Business ID No. 602 204 980

State of Formation WA

Date of Formation 05-13-2002

Expiration Date* 05-31-2008

☐ If the registered agent and/or office address shown above has changed, mark the box and complete the reverse side.

LICENSE RENEWAL SECTION *After renewal your new expiration date will be: 05-31-2009

RENEW ONLINE! Go to: www.dol.wa.gov/business/renewcorp.html
Use American Express, Master Card, or Visa.

Use your UBI# and the password: P492 6T76

Domestic Limited Liability Company
Renewal Application Fee
Delinquency Fees

\$ 50.00
9.00
25.00

Failure to pay total fees due and submit completed annual report by 08-25-2008 will result in the dissolution of your company.

Make check payable to: STATE TREASURER
In U.S. FUNDS only

TOTAL FEES DUE: \$84.00

FEES & REPORT
REQUESTED BY: 07-17-2008

ANNUAL REPORT SECTION - The entire section below must be completed each year. Type or print legibly in dark ink.

Does your company own land, buildings, or other real property in Washington? ☐ Yes ☒ No (If Yes, see instructions on reverse side under "Controlling Interest")

Contact telephone no. (253) 405-6844 Contact e-mail address

Address of principal place of business 6817 27th St W University Place WA 98464
ADDRESS CITY STATE ZIP

If formed outside Washington, list the LLC office address

ADDRESS CITY STATE ZIP

Briefly Describe the Nature of Your Business Services - All Other

(Example: Retail sales. Stating "Any lawful purpose" is not adequate under Washington State law and will be rejected)

List title, name, and address of managers, if applicable. Otherwise list title, name, and address of members (attach additional sheets in the same format, if necessary. Include your UBI number on each page).

Diversified Financial Inc. S Marine Parade Belize City BZE
TITLE NAME ADDRESS CITY STATE ZIP

TITLE NAME ADDRESS CITY STATE ZIP

TITLE NAME ADDRESS CITY STATE ZIP

TITLE NAME ADDRESS CITY STATE ZIP

Is the Limited Liability Company managed by managers? ☐ Yes ☒ No

602 204 980

X

SIGNATURE OF MEMBER OR MANAGER
FORM MUST BE SIGNED BY A MEMBER OR MANAGER LISTED ABOVE

Telephone: (360) 664-1450

Agent

TITLE

8/17/08

DATE SIGNED

Please return to: DEPARTMENT OF LICENSING
MASTER LICENSE SERVICE
PO BOX 9034
OLYMPIA WA 98507-9034

**LIMITED LIABILITY COMPANY CERTIFICATE OF CHANGE OF
REGISTERED AGENT OR REGISTERED OFFICE ADDRESS**

No fee if filed in conjunction with the License Renewal and Annual Report

Please type or print legibly in dark ink.

1. Limited Liability Company Name: _____

Unified Business Identifier Number: _____

2. Printed Name of New Registered Agent: _____

The Registered Agent must be either an individual who is a resident of the state of Washington with a business address the same as the Registered Office address shown below; or a corporation, limited liability company (*different from this limited liability company*), or limited partnership registered with the Washington Secretary of State to do business in Washington, and with a business office address the same as the Registered Office address entered below. The new agent, or its authorized representative, must also sign the consent to appointment below.

3. The registered office street address is required. It must be identical to the business address of the Registered Agent and must be located in the state of Washington. A Post Office Box address may be used for mailing purposes only.

New Registered Address: _____ **WA** _____
REQUIRED: STREET & NUMBER OR RURAL ROUTE CITY

PO Box for Mailing: _____ **WA** _____
OPTIONAL: POST OFFICE BOX NUMBER CITY ZIP

4. Consent to Appointment as New Registered Agent

I consent to serve as Registered Agent in the state of Washington for the above named limited liability company. As such, I understand that it will be my responsibility to accept Service of Process on behalf of the limited liability company, to forward mail to the limited liability company, and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

X

SIGNATURE OF THE AGENT SHOWN ABOVE (IF THE AGENT IS A CORPORATION, LIST YOUR CORPORATE TITLE AFTER SIGNATURE) DATE

CONTROLLING INTEREST

Answer the following question only if you answered "yes" to the question about owning land, buildings, or other real property in Washington on the front of this form:

Has there been a change of 50% or more of the ownership of stock or other interest in the company during the last 12 months? ☐ Yes ☐ No

You must contact the Washington State Department of Revenue about excise taxes IF:

- This company owns land, buildings, or other real estate in Washington State, AND
- 50% or more of the ownership ("controlling interest") in this company, such as ownership of stocks or other financial interests, changed hands during the past 12 months (RCW 82.45.033).

Failure to report a change can be penalized (RCW 82.32.090(6), 82.45.100)

For more information on Controlling Interest, please call the Department of Revenue at (360) 570-3265 and choose option 1 or visit their website at www.dor.wa.gov

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Financial Institutions

Licensee Database

DETAILED INFORMATION

Detailed information on the filing or licensee you selected is displayed below.

To obtain additional information for Securities, Franchise & Business Opportunity filings, send an e-mail to the [Division of Securities](#).

For additional information on Money Transmitter/Currency Exchangers, Mortgage Broker, Small Loans, Check Cashers/Check Sellers, Consumer Loan & Loan Originator filings, send an e-mail to [Division of Consumer Services](#). In either case, please include the file number in the subject line.

By proceeding, you agree that the information provided will not be used for commercial purposes. See RCW 42.56.070(9).

This information is current as of *Saturday, August 08, 2009*.

Person Name:	Kandi, Emiel Ali
License Number:	510-LO-34389 Loan Originator
Trade Name:	
Company Name:	
Company Address:	
Main Phone Number:	
Due Date:	12/31/2009
Status:	Inactive

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Disclaimer

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Please contact the webmaster@dfi.wa.gov with any questions, comments or feedback.

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Enter Keywords

Corporations Division

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[VILLA MORTGAGE LLC](#)

VILLA MORTGAGE LLC

UBI Number	602204980
Category	LLC
Profit/Nonprofit	Profit
Active/Inactive	Active
State of Incorporation	WA
Date of Incorporation	05/13/2002
Expiration Date	05/31/2010
Disolution Date	

Registered Agent Information

Agent Name	EMIEL KANDI
Address	6817 27TH STREET WEST
City	UNIVERSITY PLACE
State	WA
ZIP	98464

Special Address Information

Address
City
State
Zip

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Neither the State of Washington nor any agency
 timeliness of any information in the Public Access
 accuracy, reliability, or timeliness of such information. While every effort is made to ensure the accuracy of this information, portions
 may be incorrect or not current. Any person or entity who relies on information obtained from the System does so at his or her own risk.

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Washington Secretary of State
 801 Capitol Way South
 PO Box 40234, Olympia WA 98504-0234
 (360) 725-0377


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NOTE: If the word "non-revenue" appears in the space after Tax Registration Number, the account is not registered with the Department of Revenue. Although the business may not be required to register with the Department of Revenue, it is registered with one or more other agencies in the state.

Washington State Department of Revenue State Business Records Database Detail

TAX REGISTRATION NUMBER : 602204980
UBI : 602204980
LEGAL ENTITY : VILLA MORTGAGE LLC
DOING BUSINESS AS :

MAILING ADDRESS :

PO BOX 64907
UNIVERSITY PLACE, WA 98464-0907

BUSINESS LOCATION :

NO BUS LOC RECEIVED ON MBA
, 00000-0000

OWNER TYPE : LIMITED LIABILITY
ACCOUNT OPENED : 05/01/2002
ACCOUNT CLOSED : OPEN
NAICS CODE : 541618

08/07/2009 6:28 PM

FOR NON-COMMERCIAL USE ONLY

As of 8/31/2005, the Standard Industrial Code (SIC) has been replaced with the North American Industry

B-26

SUPERIOR COURT, IN AND FOR THE COUNTY OF PIERCE, STATE OF WASHINGTON

DALAL AL-SAUD,

vs.

DIVERSIFIED FINANCIAL INC. DBA
DIVERSIFIED FINANCIAL HOLDINGS,
INC., A WASHINGTON CORPORATION, ET
AL.

Cause No. 06-2-11086-8

Narrative Declaration of Attempted Service of
SUMMONS AND COMPLAINT FOR RESTRAINT OF
TRUSTEE'S SALE AND DAMAGES; MOTION FOR
PRELIMINARY INJUNCTION; DECLARATION IN
SUPPORT OF PRELIMINARY INJUNCTION;
DECLARATION OF ROBERT L. BEALE IN SUPPORT
OF PRELIMINARY INJUNCTION; (PROPOSED)
PRELIMINARY INJUNCTION; NOTE FOR MOTION
DOCKET; ORDER ASSIGNING CASE TO
DEPARTMENT

State Of Washington County of Pierce

The undersigned hereby declares: That (s)he is now, and at all times herein mentioned, a citizen of the United States and resident of the State of Washington, over the age of eighteen, not a party to nor interested in the above entitled action, and is competent to be a witness therein.

On or about September 6 2006 ABC Legal Services, Inc. received the above listed document(s) for service on Diversified Financial, Inc. dba Diversified Financial Holdings, Inc. at the address of "D" ST. MARINA TACOMA, WA 98402.

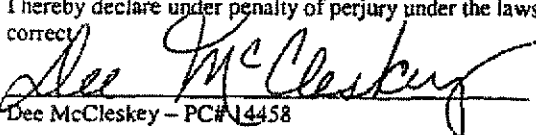
The address given on D st. is incomplete. Name of the Marina is unknown. Unable to locate.

At this time, ABC Legal Services, Inc. is unable to serve the defendant (s) Diversified Financial, Inc. dba Diversified Financial Holdings, Inc.

This Affidavit Is Based On Permanent Business Records Of ABC/Legal Services Inc. In The Custody Of The Undersigned, So The Service Of The Above Listed Documents Be Made On The Secretary Of State As Agent For The Defendant, Pursuant To RCW 24.06.060

The information provided is deemed reliable, however, is not guaranteed to be an exhaustive effort to locate the subject(s). It is a summary of our attempts to locate the subject(s) listed for the purpose of service of legal process. ABC Legal Services, Inc. utilizes information provided by the client, obtained from public and private sources, and confidential informants as approved by the client.

I hereby declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.


Dee McCleskey - PC#14458

Dated September 7 2006

McGavick, Graves, Et Al

Narrative Declaration of Attempted Service

ABC Legal Services, Inc.
Tracking # 3568703

STATE of WASHINGTON



SECRETARY of STATE

Corporations Division • 801 Capitol Way South • PO Box 40234 • Olympia, WA 98504-0234 • 360/753-7115 • Fax 360/664-0055

September 16, 2006

MCGAVICK GRAVES
1102 BROADWAY STE 500
TACOMA, WA 98402

The undersigned hereby states that she is a duly appointed and acting clerk in the office of the Secretary of State responsible for the receipt and handling of the service of process under the Washington state statute indicated and is qualified to make the following statements:

On September 14, 2006, Summons/Complaint documents in the action relating to: Dalal Al-Saud (plaintiff) vs. Villa Mortgage, Llc (defendant), Cause No. 06 2 11086 8, were received in the office of the Secretary of State. Said documents were placed on file and a duplicated copy was mailed via "Certified" mail, item number 7005 0390 0005 1632 7022 to:

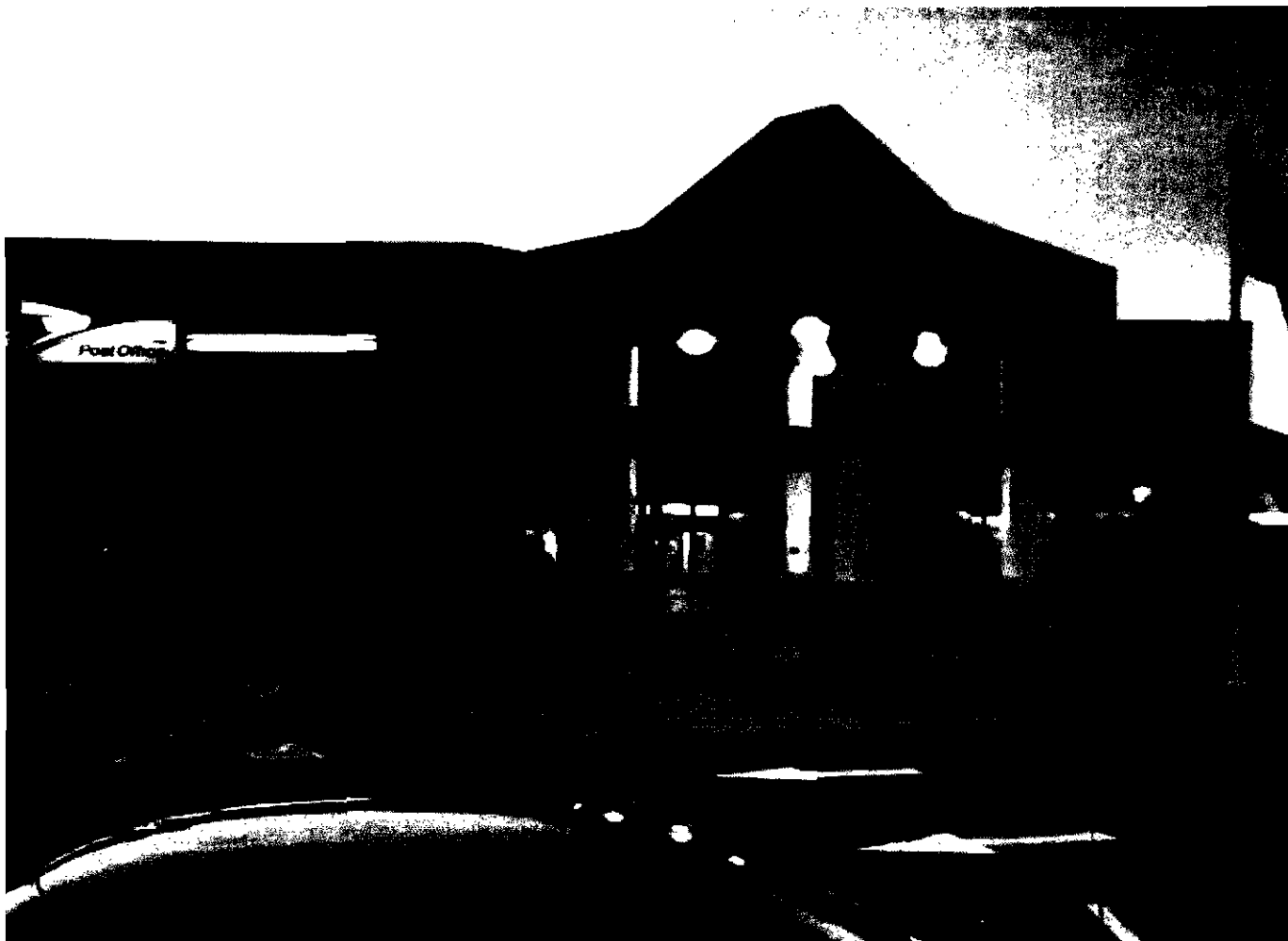
- ☐ L.L.C. (domestic) at principal place of business. (RCW 25.15.025(3))
- ☒ the secretary of the corporation at its principal office as shown on the records of the Secretary of State (RCW 23B.05.040, domestic; RCW 23B.15.100, foreign).
- ☐ the non-resident motorist at the last known address as supplied by the plaintiff or his/her representative (RCW 46.64.040).
- ☐ the office address as shown on the records of the office of Secretary of State where the limited partnership records are maintained. (RCW 25.10.0040)
- ☐ the corporation's address as supplied by the plaintiff or his/her representative.
- ☐ the non-admitted organization at the last known address as supplied by the plaintiff or his/her representative (RCW 23B.18050).

Name and address documents were mailed to VILLA MORTGAGE, LLC D ST
MARINA PO BOX 64907 TACOMA, WA 98464.

File Number: 10586
September 18, 2006
(Date document Mailed)

C. Johnson
C. Johnson
Corporations Division

In addition to service on the Secretary of State, the plaintiff and/or his advisor should also consider effecting service through options detailed further in chapter 4.28 and 46.64 of the Revised Code of Washington.



- [Washington](#)
- [University Place](#)
- [University Place Businesses](#)
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Post Offices in University Place, WA

Name & Address

Phone #

Website

[Us Post Office](#)

(253) 000-1111

6817 27th St W, University Place, WA 98466

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Reservations

It is easy to make a reservation! Please contact us using the information below. Large parties may require more advanced notice. We hope you enjoy your meal!

reservations phone: (253) 473-7300
or (206) 363-6063
online reservations: [Reserve Now Online](#)

Address:

115 East 34th
Tacoma, WA 98404
Phone: (253) 473-7300
or (206) 363-6063

Lunch Hours:

Mon-Fri 11:15am to 3:00pm
Sat, Sun no lunch

Dinner Hours:

Mon-Thurs 4pm to 9:30pm
Fri & Sat 4pm to 10:30pm
Sun 3:30pm to 9:00pm

Bar Hours:

Mon-Thurs last call 10:45pm
Fri & Sat last call 11:45pm
Sun last call 10:15pm

Happy Hour:

Sun-Fri 3-6pm and 9pm to close

- Patio seating available.
- Non-smoking
- Kids menu, booster seats and high chairs available.
- Large groups up to 25 can be accommodated; call manager in advance.
- Private Dining available.

JOIN NOW! ►

B-30



PLEASE TYPE OR PRINT

REAL ESTATE EXCISE TAX AFFIDAVIT

CHAPTER 82.45 RCW - CHAPTER 458-61 WAC

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED

(See back page for instructions)

This form is your receipt
when stamped by cashier.

<input type="checkbox"/> Check box if partial sale of property. If multiple owners, list percentage of ownership next to name.	
1 Name: James De Galen, an unmarried man Mailing Address: 1525 Colvos Drive Northwest City/State/Zip: Gig Harbor, WA 98332 Phone No. (including area code): (253) 514-0360	2 Name: Diversified Financial, Inc. Mailing Address: 6817 27th Avenue West City/State/Zip: University Place, WA 98464 Phone No. (including area code):
3 Send all property tax correspondence to: <input type="checkbox"/> Same as Buyer/Grantee Name: Diversified Financial, Inc. Mailing Address: 6817 27th Avenue West City/State/Zip: University Place, WA 98464 Phone No. (with area code):	List all real and personal property tax parcel account numbers - check box if personal property 7600500100 <input type="checkbox"/> 654,700 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

4 Street address of property: 1525 Colvos Drive Northwest, Gig Harbor, WA 98332

 This property is located in ☒ incorporated Pierce County OR within ☐ city of _____

☐ Check box if any of the listed parcels are being segregated from a larger parcel.

Legal description of property (if more space is needed, you may attach a separate sheet to each page of the affidavit)

Lot(s) 10, Sea Cliff Estates 5th Addition according to the plat recorded in Book 44 of plats, page(s) 8, 9 and 10, in Pierce County, Washington.

5 Enter Abstract Use Categories: 11 (Please see list on the back page of this form) If exempt from property tax per chapter 84.26 RCW (nonprofit organization), include: Seller's Exempt Reg. No.:	6 List all personal property (tangible and intangible) included in selling price. If claiming an exemption, list WAC number and reason for exemption: WAC No. (Section/Subsection) Reason for exemption: <u>Excessed sale</u> <u>NO DEBT</u> Type of Document: <u>Statutory Warranty Deed</u> Date of Document: <u>September 29, 2008</u> Gross Selling Price \$ <u>289,000.00</u> *Personal Property (deduct) \$ _____ Exemption Claimed (deduct) \$ _____ Taxable Selling Price \$ <u>289,000.00</u> Excise Tax: State \$ <u>3,699.20</u> Local \$ <u>1,445.00</u> *Delinquent Interest: State \$ _____ Local \$ _____ *Delinquent Penalty: \$ _____ *County Technology Fee \$ _____ *State Technology Fee \$ <u>5</u> *Affidavit Processing Fee \$ <u>5.99</u> Total Due \$ <u>5,149.20</u> A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX *SEE INSTRUCTIONS
6 Is this property designated as forest land per chapter 84.33 RCW? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Is this property receiving special valuation as historical property per chapter 84.26 RCW? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If any answers are yes, complete as instructed below. (1) NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE) NEW OWNER(S): To continue the current designation as forest land or classification as current use (open space, farm and agriculture, or timber) land, you must sign on (3) below. The county assessor must then determine if the land transferred continues to qualify and will indicate by signing below. If the land no longer qualifies or you do not wish to continue the designation or classification, it will be removed and the compensating or additional taxes will be due and payable by the seller or transferor at the time of sale. (RCW 84.33.140 or RCW 84.34.108). Prior to signing (3) below, you may contact your local county assessor for more information. This land <input type="checkbox"/> does <input checked="" type="checkbox"/> does not qualify for continuance. DEPUTY ASSESSOR _____ DATE _____ (2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY) NEW OWNER(S): To continue special valuation as historic property, sign (3) below. If the new owner(s) do not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale. (3) OWNER(S) SIGNATURE _____	7 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. Signature of Grantor or Grantor's Agent: <u>James De Galen</u> Name (print): <u>James De Galen</u> Date & city of signing: <u>Sept 29, 2008</u> Signature of Grantee or Grantee's Agent: <u>Diversified Financial, Inc.</u> Name (print): <u>Diversified Financial, Inc. Daniel Cano</u> Date & city of signing: <u>Tacoma, WA 98408</u> Perjury: Perjury is a class C felony which is punishable by imprisonment in the state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)). REV 84 0001a (06/23/05) THIS SPACE - TREASURER'S USE ONLY COUNTY TREASURER

For reference only, not for re-sale.


 09/30/2008 9:40am KYCH
 EXCISE COLLECTED \$ 144.28 PRO.FEE \$0.00
 PRT MCCARTHY, AUDITOR
 PIERCE COUNTY, WA STATE FEE \$5.00

4199001 1 PG



REAL ESTATE EXCISE TAX AFFIDAVIT CHAPTER 82.45 RCW - CHAPTER 45B-61A WAC

This form is your receipt
when stamped by cashier.

THIS AFFIDAVIT WILL NOT BE ACCEPTED UNLESS ALL AREAS ON ALL PAGES ARE FULLY COMPLETED
(See back of last page for instructions)

☐ Check box if partial sale of property

If multiple owners, list percentage of ownership next to name.

1 SELLER GRANTOR	Name	Diversified Financial, Inc.	2 BUYER GRANTEE	Name	Ryan Erker
	Mailing Address	6817 27th Street West		Mailing Address	1525 Calvo Drive NW
	City/State/Zip	University Place, WA 98464		City/State/Zip	Gig Harbor, WA 98332
	Phone No. (including area code)			Phone No. (including area code)	
3	Send all property tax correspondence to: <input checked="" type="checkbox"/> Same as Buyer/Grantor		List all real and personal property tax parcel account numbers - check box if personal property		List assessed value(s)
	Name			750-050-0100	\$541,700.00
	Mailing Address				
	City/State/Zip				
	Phone No. (including area code)				

4 Street address of property: 1525 Calvo Drive NW, Gig Harbor, WA 98332

This property is located in: Gig Harbor

☐ Check box if any of the listed parcels are being aggregated from a larger parcel.

Legal description of property (If more space is needed, you may attach a separate sheet to each page of the affidavit)

Lot 10 Sea Cliff Estates 5th Addition, according to the plat recorded in Book 44 of Plats at page 8, 9 and 10 records of Pierce County, Washington

5 Select Land Use Code(s):
Select Land Use Codes
enter any additional codes:
(See back of last page for instructions)

Is this property exempt from property tax per chapter 84.36 RCW (nonprofit organization)?

YES NO

Is this property designated as forest land per chapter 84.33 RCW?

YES NO

Is this property classified as current use (open space, farm and agricultural, or timber) land per chapter 84.34?

YES NO

Is this property receiving special valuation as historical property per chapter 84.26 RCW?

YES NO

If any answers are yes, complete as instructed below.

(1) NOTICE OF CONTINUANCE (FOREST LAND OR CURRENT USE)
NEW OWNER(S): To continue the current designation as forest land or classification as current use (open space, farm and agriculture, or timber) land, you must sign on (3) below. The county assessor must then determine if the land transferred continues to qualify and will indicate by signing below. If the land no longer qualifies or you do not wish to continue the designation or classification, it will be removed and the compensating or additional taxes will be due and payable by the seller or transferor at the time of sale. (RCW 84.33, 140 or RCW 84.34, 108). Prior to signing (3) below, you may contact your local county assessor for more information.

This land ☐ does ☐ does not qualify for continuance.

DEPUTY ASSESSOR

DATE

(2) NOTICE OF COMPLIANCE (HISTORIC PROPERTY)

NEW OWNER(S): To continue special valuation as historic property, sign (3) below. If the new owner(s) does not wish to continue, all additional tax calculated pursuant to chapter 84.26 RCW, shall be due and payable by the seller or transferor at the time of sale.

(3) OWNER(S) SIGNATURE

PRINT NAME

7 List all personal property (tangible and intangible) included in selling price.

If claiming an exemption, list WAC number and reason for exemption:

WAC No. (Section/Subsection) WAC 45B-61A-201 (A2)

Reason for exemption

BUYER ASSUMING EXISTING DEBT

Type of Document Warranty Deed

Date of Document 1/15/09

Gross Selling Price \$ 625,000.00

*Personal Property (deduct) \$

Exemption Claimed (deduct) \$ 244,000.00

Taxable Selling Price \$ 381,000.00

Excise Tax: State \$ 4,878.80

0.005% Local \$ 1,905.00

*Delinquent Interest: State \$

Local \$

*Delinquent Penalty \$

Subtotal \$ 6,783.80

*State Technology Fee \$ 5.00

*Affidavit Processing Fee \$

Total Due \$ 6,788.80

A MINIMUM OF \$10.00 IS DUE IN FEE(S) AND/OR TAX
*SEE INSTRUCTIONS

8 I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Signature of Grantor or Grantor's Agent	Signature of Grantee or Grantee's Agent
Name (print) Diversified Financial, Inc.	Name (print) Ryan Erker
Date & city of signing: 01/15/2009, Tacoma	Date & city of signing: 01/15/2009, Tacoma

Perjury: Perjury is a class C felony which is punishable by imprisonment in the state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).



01/15/2009 12:23pm ERJHNSO
EXCISE COLLECTED \$6,788.80 PRO. FEE \$0.00
AUDITOR
PIERCE COUNTY, WA STATE FEE \$5.00

4205111 1 PG

SPACE - TREASURER'S USE ONLY

COUNTY TREASURER



State of Washington
Department of Revenue
Miscellaneous Tax Service
PO Box 47477
Olympia WA 98504-7477

REAL ESTATE EXCISE TAX SUPPLEMENTAL STATEMENT

(WAC 458-61A-304)

This form must be submitted with the Real Estate Excise Tax Affidavit (FORM REV 84 0001A) for claims of tax exemption as provided below. Completion of this form is required for the types of real property transfers listed in numbers 1-3 below. Only the first page of this form needs original signatures.

AUDIT: Information you provide on this form is subject to audit by the Department of Revenue. In the event of an audit, it is the taxpayer's responsibility to provide documentation to support the selling price or any exemption claimed. This documentation must be maintained for a minimum of four years from date of sale. (RCW 82.45.100) Failure to provide supporting documentation when requested may result in the assessment of tax, penalties, and interest. Any filing that is determined to be fraudulent will carry a 50% evasion penalty in addition to any other accrued penalties or interest when the tax is assessed.

PERJURY: Perjury is a class C felony which is punishable by imprisonment in a state correctional institution for a maximum term of not more than five years, or by a fine in an amount fixed by the court of not more than five thousand dollars (\$5,000.00), or by both imprisonment and fine (RCW 9A.20.020 (1C)).

The persons signing below do hereby declare under penalty of perjury that the following is true (check appropriate statement):

1. ☐ DATE OF SALE (WAC 458-61A-306(2))

I, (print name) _____, certify that the _____
(type of instrument), dated _____, was delivered to me in escrow by _____
(seller's name). NOTE: Agent named here must sign below and indicate name of firm. The payment of the tax is considered current if it is not more than 90 days beyond the date shown on the instrument. If it is past 90 days, interest and penalties apply to the date of the instrument.
Reasons held in escrow: _____

Signature

Firm Name

2. ☐ GIFTS: (WAC 458-61A-201) The gift of equity is non-taxable; however, any consideration received is not a gift and is taxable. The value exchanged or paid for equity plus the amount of debt equals the taxable amount. One of the boxes below must be checked. Both Grantor (seller) and Grantee (buyer) must sign below. Grantor (seller) gifts equity valued at \$ _____ to grantee (buyer).

NOTE: Examples of different transfer types are provided on the back. This is to assist you with correctly completing this form and paying your tax.

"Consideration" means money or anything of value, either tangible (boats, motor homes, etc) or intangible, paid or delivered, or contracted to be paid or delivered, including performance of services, in return for the transfer of real property. The term includes the amount of any lien, mortgage, contract indebtedness, or other encumbrance, given to secure the purchase price, or any part thereof, or remaining unpaid on the property at the time of sale. "Consideration" includes the assumption of an underlying debt on the property by the buyer at the time of transfer.

A: Gifts with consideration

- ☐ Grantor (seller) has made and will continue to make all payments after this transfer on the total debt of \$ _____ and has received from the grantee (buyer) \$ _____ (include in this figure the value of any items received in exchange for property). Any consideration received by grantor is taxable.
- ☒ Grantee (buyer) will make payments on _____ % of total debt of \$ 244,000.00 for which grantor (seller) is liable and pay grantor (seller) \$ 381,000.00 (include in this figure the value of any items received in exchange for property). Any consideration received by grantor is taxable.

B: Gifts without consideration

- ☐ There is no debt on the property; Grantor (seller) has not received any consideration towards equity. No tax is due.
- ☐ Grantor (seller) has made and will continue to make 100% of the payments on total debt of \$ _____ and has not received any consideration towards equity. No tax is due.
- ☐ Grantee (buyer) has made and will continue to make 100% of the payments on total debt of \$ _____ and has not paid grantor (seller) any consideration towards equity. No tax is due.
- ☐ Grantor (seller) and grantee (buyer) have made and will continue to make payments from joint account on total debt before and after the transfer. Grantee (buyer) has not paid grantor (seller) any consideration towards equity. No tax is due.

Has there been or will there be a refinance of the debt? ☐ YES ☐ NO

If grantor (seller) was on title as co-signor only, please see WAC 458-61A-215 for exemption requirements.

The undersigned acknowledges this transaction may be subject to audit and have read the above information regarding record-keeping requirements and evasion penalties.

Grantor's Signature

Grantee's Signature

3. ☐ IRS "TAX DEFERRED" EXCHANGE (WAC 458-61A-213)

I, (print name) _____, certify that I am acting as an Exchange Facilitator in transferring real property to _____ pursuant to IRC Section 1031, and in accordance with WAC 458-61A-213.

NOTE: Exchange Facilitator must sign below.

Exchange Facilitator's Signature

For tax assistance, contact your local County Treasurer/Recorder or visit <http://dor.wa.gov> or call (360) 576-3265. To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 705-6715. Teletype (TTY) users please call 1-800-451-7985.

REV 84 0002a (a) (12/27/06)

COUNTY TREASURER